

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street)

655 Beach Street

☐Check if different
than previously
reported. (ACC)

San Francisco

CA

94109

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00196246

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2009

through

07

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Benjamin Bank

Signature of Treasurer

Electronically Filed by Benjamin Bank

Date

08

19

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 89

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		681385.49
(b) Cash on Hand at Beginning of Reporting Period	625659.12	
(c) Total Receipts (from Line 19)	111037.13	387677.35
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	736696.25	1069062.84
7. Total Disbursements (from Line 31)	71092.03	403458.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	665604.22	665604.22
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	94948.74	341704.50
(ii) Unitemized	12266.00	34683.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)	107214.74	376388.12
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	107214.74	376388.12
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	3822.39	11289.23
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	111037.13	387677.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	111037.13	387677.35

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	2227.03	9277.12	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	2227.03	9277.12	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	68500.00	331000.00	
24. Independent Expenditure (use Schedule E)	0.00	58704.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	365.00	4477.50	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	365.00	4477.50	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	71092.03	403458.62	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	71092.03	403458.62	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	107214.74	376388.12
34. Total Contribution Refunds (from Line 28(d))	365.00	4477.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	106849.74	371910.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2227.03	9277.12
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2227.03	9277.12

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Thomas Aaberg, Jr.

Mailing Address 2081 Hunters Run Northeast

City State Zip Code
 Ada MI 49301-9559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 7 / 2 0 0 9

Transaction ID: 752K1C566124

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Sharron Acosta

Mailing Address Eye Associates of Sequin
 128 S Moss Street Suite 300

City State Zip Code
 Sequin TX 78155

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 2 / 2 0 0 9

Transaction ID: 3GL84Q365041

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Jon Adleberg

Mailing Address Suite 100
 1230 Progressive Drive

City State Zip Code
 Chesapeake VA 23320-0203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 5 / 2 0 0 9

Transaction ID: CS0MHV788733

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Ronald Agresta

Mailing Address 2315 Sunset Boulevard Suite B

City

Steubenville

State

OH

Zip Code

43952-2496

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 6ZO1SR681553

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Afzal Ahmad

Mailing Address 1700 East West Road

City

Calumet City

State

IL

Zip Code

60409-5415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: CS0MHO452568

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Andrew Antoszyk

Mailing Address 5911 Laurium Road

City

Charlotte

State

NC

Zip Code

28226-5615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: 3GL84Q663847

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Lisa Arbisser

Mailing Address 777 Tanglefoot Lane

City

Bettendorf

State

IA

Zip Code

52722-1650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: CS0MHV141165

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Reginald George Ariyasu

Mailing Address 3467 Stoner Avenue

City

Los Angeles

State

CA

Zip Code

90066-2819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 6ZO1UX436888

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Omar Awad

Mailing Address 1347 Larpenteur Avenue W

City

Falcon Heights

State

MN

Zip Code

55113-6302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 01CEFF32BA9B3B2F368

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)

760.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Mayssa Aziz-Toppino

Mailing Address Suite A

1715 E Highway 50

City

Clermont

State

FL

Zip Code

34711-5187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 9

Transaction ID: FRJZS4867055

Amount of Each Receipt this Period

600.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Evan Ballard

Mailing Address 241A Glen Circle

City

River Falls

State

WI

Zip Code

54022-8012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: CS0MHO904474

Amount of Each Receipt this Period

310.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

E. Michael Balok

Mailing Address 4050 River Road

City

East China

State

MI

Zip Code

48054-2931

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 7 / 2 0 0 9

Transaction ID: 752K1C341731

Amount of Each Receipt this Period

260.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1170.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Tracy Baltz

Mailing Address 2900 N Fillmore Street

City

Little Rock

State

AR

Zip Code

72207-2813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 6ZO1UX978861

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Arthur Basham

Mailing Address 212 Oak Meadow Drive

City

Los Gatos

State

CA

Zip Code

95032-4407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: 3GL84Q430791

Amount of Each Receipt this Period

620.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Rulon Beesley

Mailing Address #102
44404 16th St. W

City

Lancaster

State

CA

Zip Code

93534-2839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: CS0MHV783946

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1985.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 89

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

William Benevento

Mailing Address 5891 Craigin Bluff Court

City

Bettendorf

State

IA

Zip Code

52722-6589

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthamologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	9

Transaction ID: 6ZO1SR582269

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

James Bennett

Mailing Address 2475 5th St. N

City

Columbus

State

MS

Zip Code

39705-2005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthamologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	7		2	0	0	9

Transaction ID: 752K1C557225

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Terry Bergstrom

Mailing Address Wk Kellogg Eye Center
1000 Wall Street Room 649

City

Ann Arbor

State

MI

Zip Code

48105-1994

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthamologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	0	9

Transaction ID: 3GL84M870687

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1730.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Andrew Berman

Mailing Address 9630 N Kenton Avenue

City

Skokie

State

IL

Zip Code

60076-1216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 9

Transaction ID: 9STTU5482068

Amount of Each Receipt this Period

850.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Wayne Bizer

Mailing Address Suite 206
7800 W Oakland Park Boulevard

City

Sunrise

State

FL

Zip Code

33351-1124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 6ZO1UX511516

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Evan Black

Mailing Address 4717 Saint Antoine Street

City

Detroit

State

MI

Zip Code

48201-1423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 7DGYCC061157

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

2215.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Stephen Blaydes

Mailing Address PO Box 1380

City

Bluefield

State

WV

Zip Code

24701-1380

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 9

Transaction ID: 9STTU5723114

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Rodger Bodoia

Mailing Address 215 Lilly Road Northeast

City

Olympia

State

WA

Zip Code

98506-5030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: 3GL84M076004

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

David Bogorad

Mailing Address 2509 Walton Way

City

Augusta

State

GA

Zip Code

30904-4561

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 7 / 2 0 0 9

Transaction ID: 752K1C559159

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Edwin Boldrey

Mailing Address 2512 Samaritan Court Suite A

City

San Jose

State

CA

Zip Code

95124-4002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 9

Transaction ID: 9STTU5143456

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

H. Culver Boldt

Mailing Address 200 Hawkins Drive

City

Iowa City

State

IA

Zip Code

52242-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: CS0MHO537552

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Howard Borger

Mailing Address 506 Heyward Circle Northwest

City

Marietta

State

GA

Zip Code

30064-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 7 / 2 0 0 9

Transaction ID: 752K1C164173

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Brian Boxer Wachler

Mailing Address Suite 902

465 N Roxbury Drive

City

Beverly Hills

State

CA

Zip Code

90210-4212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: CS0MHV425649

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Jon Philip Brisley

Mailing Address 6522 Fairway Forest Drive

City

Roanoke

State

VA

Zip Code

24018-7446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 9

Transaction ID: FRJZS4365334

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Donna Dodson Brown

Mailing Address 400 Westhampton Station

City

Richmond

State

VA

Zip Code

23226-3330

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 6ZO1SR925463

Amount of Each Receipt this Period

485.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Dawn Buckingham

Mailing Address 5011 Burnet Road

City

Austin

State

TX

Zip Code

78756-2611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 01 / 2009

Transaction ID: 7DGYCC083308

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Russ Burcham

Mailing Address Suite 223
750 Potomac

City

Aurora

State

CO

Zip Code

80011-6744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 07 / 2009

Transaction ID: 752K1C813428

Amount of Each Receipt this Period

450.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

F. Keith Busse

Mailing Address Suite 150
4700 Seton Center Parkway

City

Austin

State

TX

Zip Code

78759-5711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2009

Transaction ID: 6ZO1SR232372

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1315.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Charles Campbell

Mailing Address Suite 200

5540 Saratoga Boulevard

City

Corpus Christi

State

TX

Zip Code

78413-2953

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 7DGYCC668866

Amount of Each Receipt this Period

1365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Jimmy Carter

Mailing Address 102 Doctors Drive

City

Dothan

State

AL

Zip Code

36301-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 6ZO1UX082640

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Denise Chamblee

Mailing Address 11800 Rock Landing Drive

City

Newport News

State

VA

Zip Code

23606-4206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 9

Transaction ID: FRJZS4819555

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

2115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 89

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Rudolf Churner

Mailing Address 1501 Redbud

City

McKinney

State

TX

Zip Code

75069-3226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 7 / 2 0 0 9

Transaction ID: 752K1C440617

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Donald Cinotti

Mailing Address 600 Pavonia Avenue
6th Floor

City

Jersey City

State

NJ

Zip Code

07306-2932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 8 / 2 0 0 9

Transaction ID: 17B18DFDD5953BD25BF

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

S. William Clark, III

Mailing Address 502 Isabella Street

City

Waycross

State

GA

Zip Code

31501-3638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 9

Transaction ID: 4DB48D86C240C3D4A1B1

Amount of Each Receipt this Period

416.66

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

881.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Charles Colombo

Mailing Address Suite 180

1701 South Boulevard E

City

Rochester Hills

State

MI

Zip Code

48307-6115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 6ZO1UX862371

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Brian Connolly

Mailing Address 28 Delancey Court

City

Pittsford

State

NY

Zip Code

14534-2700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: CS0MHO749473

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Patricia Cosgrove

Mailing Address Suite 1003

300 N Willson Avenue

City

Bozeman

State

MT

Zip Code

59715-3551

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 7 / 2 0 0 9

Transaction ID: 752K1C811325

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

J. Burns Creighton, Jr.

Mailing Address 11012 Mizelle Creek Trail

City

Lithia

State

FL

Zip Code

33547-2383

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 07 / 2009

Transaction ID: 752K1C174748

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Ralph Crew

Mailing Address Suite 5
650 Linden Street

City

Big Rapids

State

MI

Zip Code

49307-1880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY
07 / 09 / 2009

Transaction ID: 6ZO1SR835658

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Kent Crews

Mailing Address 3615 Rocky Stream Drive

City

Fort Collins

State

CO

Zip Code

80528-7173

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY
07 / 22 / 2009

Transaction ID: 3GL84M231604

Amount of Each Receipt this Period

750.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Terry Croyle

Mailing Address 2375 S Main Street

City

Moultrie

State

GA

Zip Code

31768-6517

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: E96733521FBA1EE09C2

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Carolyn Cutney

Mailing Address 805 Loveland Road

City

Moorestown

State

NJ

Zip Code

08057-1447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: CS0MHO064641

Amount of Each Receipt this Period

210.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Peter D'Arienzo

Mailing Address 346 Mill Spring Road

City

Manhasset

State

NY

Zip Code

11030-3622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: D51MFO622325

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

605.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Mayli Davis

Mailing Address Suite B

6407 Colleyville Boulevard

City

Colleyville

State

TX

Zip Code

76034-6279

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 7DGYCC694804

Amount of Each Receipt this Period

310.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

William Deutsch

Mailing Address Suite 918

1725 West Harrison Street

City

Chicago

State

IL

Zip Code

60612-3863

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 6ZO1UX828788

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Peter Diedrichsen

Mailing Address PO Box 1275

City

Columbus

State

NE

Zip Code

68602-1275

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 6ZO1UX597852

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1060.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Michael Diesenhouse

Mailing Address 4991 N Circulo Sobrio

City

Tucson

State

AZ

Zip Code

85718-6061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: DZXJQR443424

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Edward Doisy, III

Mailing Address 2421 Corporate Center

City

Granite City

State

IL

Zip Code

62040-4195

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: D5IMFO826457

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

John Drouilhet

Mailing Address Suite 502
1329 Lusitana Street

City

Honolulu

State

HI

Zip Code

96813-2412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 6ZO1SR614268

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Robert Dykstra

Mailing Address 7232 Engle Road

City

Fort Wayne

State

IN

Zip Code

46804-2222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 69R06X422787

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Shehab Ebrahim

Mailing Address 4717 Woodland Avenue

City

Metairie

State

LA

Zip Code

70002-1361

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: C511B4B767732E63786

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Michael Elman

Mailing Address Suite 310
9114 Philadelphia Road

City

Baltimore

State

MD

Zip Code

21237-4350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 7DGYCC404875

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1465.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

David Keith Emmel

Mailing Address 1260 Silas Deane Highway

City

Wethersfield

State

CT

Zip Code

06109-4362

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: CS0MHO713354

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

John Ervin

Mailing Address 1429 Oglethorpe Street

City

Macon

State

GA

Zip Code

31201-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: FF2KNP357183

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Robert Estes

Mailing Address 6111 Elizabethan Drive

City

Nashville

State

TN

Zip Code

37205-1256

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 6ZO1SR517889

Amount of Each Receipt this Period

310.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1675.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Robert Fier

Mailing Address 1441 E Ocean Boulevard

City

Stuart

State

FL

Zip Code

34996-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 69R06X965395

Amount of Each Receipt this Period

485.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Stuart Fine

Mailing Address 51 N 39th Street

City

Philadelphia

State

PA

Zip Code

19104-2640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: DZXJQR153328

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

David Fischer

Mailing Address 40 Monument Road
Floor 5

City

Bala Cynwyd

State

PA

Zip Code

19004-1700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: 3GL84M841652

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Erin Fogel

Mailing Address 13 N Bow Dunbarton Road

City

Bow

State

NH

Zip Code

03304-4701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 9

Transaction ID: FRJZS4334396

Amount of Each Receipt this Period

210.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Gerald Ford

Mailing Address Suite B
2600 S Rural Road

City

Tempe

State

AZ

Zip Code

85282-2448

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: D5IMFO603312

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Peter Forgach

Mailing Address 405 International Drive

City

Williamsville

State

NY

Zip Code

14221-5725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 7DGYCC114509

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1210.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 89

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Bradley Dean Fouraker

Mailing Address Brandon Cataract Center and Eye Cl
403 Vonderburg Drive Suite 101City State Zip Code
Brandon FL 33511FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 7 / 2 0 0 9

Transaction ID: 752K1C320561

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Marc Goldberg

Mailing Address Suite 501
2000 S Wheeling AvenueCity State Zip Code
Tulsa OK 74104-5642FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 6ZO1UX543376

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Edward Graul

Mailing Address 251 Moosa Boulevard

City State Zip Code
Eunice LA 70535-3638FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: DZXJQR421753

Amount of Each Receipt this Period

400.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1015.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Daniel Greenberg

Mailing Address Suite 256E

800 Austin Street

City

Evanston

State

IL

Zip Code

60202-3477

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: DZXJQR730119

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Kenneth Grossman

Mailing Address 580 Collins Drive

City

Merced

State

CA

Zip Code

95348-3121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2865.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: D5IMFO167426

Amount of Each Receipt this Period

2865.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

David Guyette

Mailing Address 600 Main Street

City

Malden

State

MA

Zip Code

02148-3919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 6ZO1SR213632

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

3615.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 89

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Julia Haller

Mailing Address Suite 1510

840 Walnut Street

City

Philadelphia

State

PA

Zip Code

19107-5109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	7	/	2	0	0	9

Transaction ID: 752K1C450386

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

M. Harmon

Mailing Address Levacy and Harmon Eye Center

3345 Plaza Ten Dr. Suite B

City

Beaumont

State

TX

Zip Code

77707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	0	9

Transaction ID: 3GL84M979355

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

George Harocopos

Mailing Address 660 S Euclid Avenue

City

St. Louis

State

MO

Zip Code

63110-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	1	/	2	0	0	9

Transaction ID: D5IMFO242443

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

H. King Hartman

Mailing Address 516 Pellis Road

City

Greensburg

State

PA

Zip Code

15601-4592

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: D5IMFO239435

Amount of Each Receipt this Period

850.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Robert Haverly

Mailing Address Suite 301
311 W 24th Street

City

Erie

State

PA

Zip Code

16502-2666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: FF2KNH128155

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Richard Hawkins

Mailing Address 1729 New Hanover Medical Park Driv

City

Wilmington

State

NC

Zip Code

28403-5345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: 4CC688D648B12923D97

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

1265.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Wesley Herman

Mailing Address 5421 La Sierra Drive

City

Dallas

State

TX

Zip Code

75231-4107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 7DGYCC392053

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Edward Holland

Mailing Address 10794 Saunders Lane

City

Union

State

KY

Zip Code

41091-8030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: CS0MHV504444

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Mark Hughes

Mailing Address Suite 600
50 Staniford Street

City

Boston

State

MA

Zip Code

02114-2539

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2916.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 1 / 2 0 0 9

Transaction ID: 6028567B667A26603D5

Amount of Each Receipt this Period

416.66

SUBTOTAL of Receipts This Page (optional)

1916.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Francis Hurite

Mailing Address 1835 Forbes Avenue

City

Pittsburgh

State

PA

Zip Code

15219-5835

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: CS0MHV828353

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Mark Iverson

Mailing Address 81 River Street

City

Montpelier

State

VT

Zip Code

05602-3792

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: D51MFO592368

Amount of Each Receipt this Period

300.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

James Izer

Mailing Address 4255 Carmichael Court N

City

Montgomery

State

AL

Zip Code

36106-2875

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: CS0MHO520111

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Johanna Jensen

Mailing Address Suite A

1615 12th Avenue Road

City

Nampa

State

ID

Zip Code

83686-6184

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 3ML6PE468456

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Paul Jones

Mailing Address 1550 Riverside Avenue

City

Jacksonville

State

FL

Zip Code

32204-4161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 7DGYCC341908

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Lawrence Kahn

Mailing Address 5881 E Sapphire Lane

City

Paradise Valley

State

AZ

Zip Code

85253-2203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: D5IMFO391607

Amount of Each Receipt this Period

600.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Walter Kahn

Mailing Address 70 E Front Street

City

Red Bank

State

NJ

Zip Code

07701-1851

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 07 / 2009

Transaction ID: 752K1C538826

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Kenneth Kato

Mailing Address 2020 Fleischmann Road

City

Tallahassee

State

FL

Zip Code

32308-4599

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 01 / 2009

Transaction ID: 7DGYCC686959

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

David Kim

Mailing Address 1316 Wilmington Island Road

City

Savannah

State

GA

Zip Code

31410-4513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 13 / 2009

Transaction ID: CS0MHO871199

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Christopher Knight

Mailing Address 67 Ems C 28 G Lane

City

Warsaw

State

IN

Zip Code

46582-8707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: 69R06X576721

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Lisa Lane

Mailing Address 5790 N Camino De La Sombra

City

Tucson

State

AZ

Zip Code

85718-3919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2009

Transaction ID: A058720ECA5974554D

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mary Lansing

Mailing Address Suite 100
90 Health Park Drive

City

Louisville

State

CO

Zip Code

80027-9586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 07 / 2009

Transaction ID: 752K1C667895

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Wayne Larrison

Mailing Address Suite 402A

46 Prince Street

City

New Haven

State

CT

Zip Code

06519-1600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: CS0MHV443671

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Bruce Larson

Mailing Address 126 West First Street

City

Hinsdale

State

IL

Zip Code

60521-4013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: CS0MH7847682

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Mitchel Lautenberg

Mailing Address 601 Route 37 W

City

Toms River

State

NJ

Zip Code

08755-8050

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 7DGYCC893320

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Charles Lederer

Mailing Address Suite 405

1004 Carondelet Drive

City

Kansas City

State

MO

Zip Code

64114-4801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: CS0MHV300353

Amount of Each Receipt this Period

1365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Katherine Lee

Mailing Address Suite 215

222 N 2nd Street

City

Boise

State

ID

Zip Code

83702-6130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 6ZO1UX569174

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Monte Leidenix

Mailing Address 2520 Smokey Lane

City

Bismarck

State

ND

Zip Code

58504-8917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: CS0MHO550098

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

2095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Lance Lemon

Mailing Address 1586 Picadilly Drive

City

Haslett

State

MI

Zip Code

48840-8480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: 3GL84M777452

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

David Levine

Mailing Address Suite H2
19271 Montgomery Village Avenue

City

Montgomery Village

State

MD

Zip Code

20886-5029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: CS0MHO371334

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Jason Levine

Mailing Address 5790 N Camino De La Sombra

City

Tucson

State

AZ

Zip Code

85718-3919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 4 / 2 0 0 9

Transaction ID: 812AD5292AF3F0E6ABE

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Jay Harris Levy

Mailing Address 184 Northeast 168th Street

City

North Miami Beach

State

FL

Zip Code

33162-3412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 69R06X120328

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Eric Lichtenstein

Mailing Address 192-13 Union Turnpike

City

Fresh Meadows

State

NY

Zip Code

11366

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: C8F742D8-229A-40C5-

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Robert Lowery

Mailing Address 105 Central Avenue

City

Searcy

State

AR

Zip Code

72143-7329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 6ZO1UX925610

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

James Lusk

Mailing Address 451 Ashley Ridge Boulevard

City

Shreveport

State

LA

Zip Code

71106-7229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 7 / 2 0 0 9

Transaction ID: 752K1C658655

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Mary Gerard Lynch

Mailing Address 3845 Club Drive Northeast

City

Atlanta

State

GA

Zip Code

30319-1109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 6ZO1UX546653

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Charles Mango

Mailing Address 915 Palmer Road

City

Bronxville

State

NY

Zip Code

10708-3304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 7DGYCC190385

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Anthony Mannarino

Mailing Address 216 Mill Street

City

Bristol

State

PA

Zip Code

19007-4809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 6ZO1SR927948

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Stephanie Jones Marioneaux

Mailing Address Suite 108
300 Medical Parkway

City

Chesapeake

State

VA

Zip Code

23320-4985

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 3ML6PE627945

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

William Marks

Mailing Address Suite 102
125 Oakside Court

City

Canton

State

GA

Zip Code

30114-2498

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 7DGYCC419522

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Benjamin Martin

Mailing Address 4120 Del Prado Boulevard

City

Cape Coral

State

FL

Zip Code

33904-7165

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 7 / 2 0 0 9

Transaction ID: 752K1C282904

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Tim McLaughlin

Mailing Address 604 Bay Cliffs Road

City

Gulf Breeze

State

FL

Zip Code

32561-4806

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: D51MFO454036

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Lynn McMahan

Mailing Address 1420 S 28th Avenue

City

Hattiesburg

State

MS

Zip Code

39402-3107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: CS0MHV504652

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

James Meador

Mailing Address Suite 203

300 E Osborn Road

City

Phoenix

State

AZ

Zip Code

85012-2396

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: FF2KNH663376

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Stephen Merfeld

Mailing Address 1885 W Pointe Drive

City

Oshkosh

State

WI

Zip Code

54902-4174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 7DGYCC344520

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Aaron Miller

Mailing Address Suite 4

13414 Medical Complex Drive

City

Tomball

State

TX

Zip Code

77375-3333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 9

Transaction ID: 08C3F9AE4CFC50699E6

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

780.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Richard Mills

Mailing Address Suite 1124

1221 Madison Street

City

Seattle

State

WA

Zip Code

98104-3536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 6ZO1UX792608

Amount of Each Receipt this Period

750.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Lawrence Minardi

Mailing Address Suite 1

500 Donnally Street

City

Charleston

State

WV

Zip Code

25301-1600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: D5IMFO088145

Amount of Each Receipt this Period

2365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

James Mitchell

Mailing Address 3100 W 70th Street

City

Edina

State

MN

Zip Code

55435-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: 3GL84Q494516

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

3615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Larry Moorman

Mailing Address 1803 Old Ocilla Road

City

Tifton

State

GA

Zip Code

31794-1617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: D5IMFO622549

Amount of Each Receipt this Period

485.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Sanford Moretsky

Mailing Address 2125 West Indian School Road

City

Phoenix

State

AZ

Zip Code

85015-4908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: CS0MHO745136

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Steven Worthen Mortenson

Mailing Address 831 Gail Gardner Way

City

Prescott

State

AZ

Zip Code

86305-1606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: FF2KNH531841

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Benton Murphy

Mailing Address 27 Montebello Road

City

Pueblo

State

CO

Zip Code

81001-1236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 69R06X890839

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

G. Peyton Neatrou

Mailing Address 1201 First Colonial Road

City

Virginia Beach

State

VA

Zip Code

23454-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: D5IMFO866222

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Louis Nichamin

Mailing Address 103 Jefferson Street

City

Brookville

State

PA

Zip Code

15825-1142

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 7DGYCC158733

Amount of Each Receipt this Period

1500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

2365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Randall Olson

Mailing Address 65 N Mario Capecchi Drive

City

Salt Lake City

State

UT

Zip Code

84132-0005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: 3GL84M840630

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Emil Mitchel Opremcak

Mailing Address Suite 220
262 Neil Avenue

City

Columbus

State

OH

Zip Code

43215-7310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: CS0MHO266444

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Paul Orloff

Mailing Address 178 E 71st Street

City

New York

State

NY

Zip Code

10021-5131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 7DGYCC435329

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Richard Ou

Mailing Address 3929 Marquette Street

City

Houston

State

TX

Zip Code

77005-4311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 69R06X847418

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Elba Pacheco

Mailing Address Suite 2B
692A Ritchie Highway

City

Severna Park

State

MD

Zip Code

21146-3971

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 7 / 2 0 0 9

Transaction ID: 752K1C867332

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Laura Pallan

Mailing Address 807 Timber Lane

City

Sewickley

State

PA

Zip Code

15143-8962

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 69R06X075411

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 89

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Saurabh Patel

Mailing Address Florida Retina Center
26800 S Tamiami Trail Suite 330City State Zip Code
Bonita Springs FL 34134FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 7DGYCC168452

Amount of Each Receipt this Period

620.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Evelyn Paysse

Mailing Address 6621 Fannin Street
Mc 640.00City State Zip Code
Houston TX 77030FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: FF2KNH591614

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Elliot Perlman

Mailing Address 150 E Manning Street

City State Zip Code
Providence RI 02906-5109FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: D5IMFO660665

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1620.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Daniel Petashnick

Mailing Address 732 Main Street

City

Manchester

State

CT

Zip Code

06040-5106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: CS0MHO705700

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Michael Peterson

Mailing Address 700 W Kent Avenue

City

Missoula

State

MT

Zip Code

59801-6772

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: CS0MHO527423

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Lawrence Platt

Mailing Address 3805 Spring Street

City

Racine

State

WI

Zip Code

53405-1667

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 7 / 2 0 0 9

Transaction ID: 752K1C832659

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Stephen Reck

Mailing Address 1418 Bethel Park Court Northeast

City

Olympia

State

WA

Zip Code

98506-3301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 6ZO1UX375563

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Harvey Reiser

Mailing Address 945 Lantern Hill Road

City

Shavertown

State

PA

Zip Code

18708-9474

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: D5IMFO154371

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Ralph Riffenburgh

Mailing Address 10 Congress Street Suite 340

City

Pasadena

State

CA

Zip Code

91105-3020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: CS0MHO248417

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Jeffrey Rinkoff

Mailing Address 841 Alder Creek Drive

City

Medford

State

OR

Zip Code

97504-8900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: CS0MHV237336

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

John Robinson

Mailing Address 501 E Macarthur Street

City

Shawnee

State

OK

Zip Code

74804-2201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: 3GL84Q949264

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Catherine Rommel

Mailing Address 2115 Noll Drive

City

Lancaster

State

PA

Zip Code

17603-7600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 69R06X744173

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Barry Roper

Mailing Address 14837 Felbridge Way

City

Midlothian

State

VA

Zip Code

23113-6715

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 69R06X136663

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Brian Paul Roth

Mailing Address 1022 West Ivy

City

Moses Lake

State

WA

Zip Code

98837-4107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 69R06X484538

Amount of Each Receipt this Period

485.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Keith Rundle

Mailing Address 1031 W Chapman Avenue

City

Orange

State

CA

Zip Code

92868-2872

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 6ZO1UX971175

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1485.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Edwin Hurlbut Ryan

Mailing Address Suite 310

7760 France Avenue S

City

Minneapolis

State

MN

Zip Code

55435-3216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 7 / 2 0 0 9

Transaction ID: 752K1C680281

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Frank Ryburn

Mailing Address 3420 23 Street

City

Lubbock

State

TX

Zip Code

79410-1322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: CS0MHO759550

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Steven Safran

Mailing Address 132 Franklin Corner Rd. A-1

City

Lawrenceville

State

NJ

Zip Code

08648-2523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 7DGYCC470016

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Daniel Schickner

Mailing Address 3375 Southern Vista Drive

City

Kingman

State

AZ

Zip Code

86401-0628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 3ML6PE848554

Amount of Each Receipt this Period

125.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

David Schwartzfarb

Mailing Address 5162 Linton Boulevard Suite 203

City

Delray Beach

State

FL

Zip Code

33484-6567

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: DZXJQR122181

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Sanjay Shirish Shah

Mailing Address 1650 First Avenue Northeast

City

Cedar Rapids

State

IA

Zip Code

52402-5431

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: CS0MHV671776

Amount of Each Receipt this Period

350.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

840.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 58 / 89

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Michel Shami

Mailing Address Texas Retina Assoc
4517 98th Street

City Lubbock State TX Zip Code 79424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: FF2KNH838486

Amount of Each Receipt this Period

350.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

James Sharp

Mailing Address 103 W Colt Square Drive

City Fayetteville State AR Zip Code 72703-2835

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: 3GL84Q643223

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Edward Shubert

Mailing Address Suite 405
171070 Red Oak Drive

City Houston State TX Zip Code 77090-2607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 7DGYCC142747

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1715.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

David Shulman

Mailing Address Suite 127

999 E Basse Road

City

San Antonio

State

TX

Zip Code

78209-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 8 / 2 0 0 9

Transaction ID: 4C1731A73A69EDAD9C9

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Joseph Sidikaro

Mailing Address Suite 410

435 N Roxbury Drive

City

Beverly Hills

State

CA

Zip Code

90210-5006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 7 / 2 0 0 9

Transaction ID: 752K1C660637

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Bonnie Silverman

Mailing Address Suite 203

475 Tuckahoe Road

City

Yonkers

State

NY

Zip Code

10710-5716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: FF2KNH449937

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Harris Silverman

Mailing Address 6002 Pointe West Boulevard

City

Bradenton

State

FL

Zip Code

34209-5531

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: CS0MHV719592

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Steven Marc Silverstein

Mailing Address Suite 1000
4240 Blue Ridge Boulevard

City

Kansas City

State

MO

Zip Code

64133-1754

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 7DGYCC127336

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Brian Smith

Mailing Address 138 W Avon Pkwy

City

Asheville

State

NC

Zip Code

28804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 5 / 2 0 0 9

Transaction ID: A7974137-38B9-4826-

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1265.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Peter Christian Smith

Mailing Address Clearwater Eye and Laser Center
610 Lakeview Road

City State Zip Code
Clearwater FL 33756-3336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 07 / 2009

Transaction ID: 752K1C210064

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Robert Snip

Mailing Address Hacienda De Salud
4775 Hamilton Wolfe Road Building

City State Zip Code
San Antonio TX 78229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: 69R06X541348

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Roger Steinert

Mailing Address 118 Med Surg I

City State Zip Code
Irvine CA 92697-4375

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 01 / 2009

Transaction ID: 7DGYCC782541

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

2365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Thomas Stevens

Mailing Address 655 Medical Center Drive Northeast

City

Salem

State

OR

Zip Code

97301-2751

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: D51MFO280332

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

James Swartley

Mailing Address 222 N 2nd Street Suite 215

City

Boise

State

ID

Zip Code

83702-6130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: CS0MHO606363

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Gary Tanner

Mailing Address 109 Crosspointe Court

City

Yorktown

State

VA

Zip Code

23693-5581

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 0 9

Transaction ID: D949165603B041030AD

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

William Tasman

Mailing Address 910 E Willow Grove Avenue

City

Wyndmoor

State

PA

Zip Code

19038-7910

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 6ZO1UX597398

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Hiralal Tekwani

Mailing Address 9911 Kennerly Road

City

St. Louis

State

MO

Zip Code

63128-2700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 7 / 2 0 0 9

Transaction ID: 752K1C541180

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Gregory Lee Thorgaard

Mailing Address 135 Deppe Lane

City

Ottumwa

State

IA

Zip Code

52501-1218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: DZXJQR432239

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Donald Tingley

Mailing Address 1015 Ridge Road

City

Webster

State

NY

Zip Code

14580-2907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 6ZO1SR124710

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Sara Vegh

Mailing Address Suite 105
1880 W Winchester Road

City

Libertyville

State

IL

Zip Code

60048-5321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 7 / 2 0 0 9

Transaction ID: 752K1C472452

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Charles Volk

Mailing Address 200 S 5th Street

City

Bismarck

State

ND

Zip Code

58504-5675

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 7 / 2 0 0 9

Transaction ID: 752K1C365834

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Michael Vrabec

Mailing Address 21 Park Place

City

Appleton

State

WI

Zip Code

54914-8872

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: CS0MHV233821

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Martin Wand

Mailing Address 499 Farmington Avenue

City

Farmington

State

CT

Zip Code

06032-1943

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 69R06X141182

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Tony Weaver

Mailing Address 2020 Fleischmann Road

City

Tallahassee

State

FL

Zip Code

32308-4599

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: CS0MHO703265

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

2365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Aaron Weingeist

Mailing Address 3934 S Americus Street

City

Seattle

State

WA

Zip Code

98118-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 5 / 2 0 0 9

Transaction ID: AAA27A3EC8B2C268990

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dana Weinkle

Mailing Address Suite 201
3131 South Tamiami Trail

City

Sarasota

State

FL

Zip Code

34239-5101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: DZXJQR059934

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Robert Weisenthal

Mailing Address po box 48

City

dewitt

State

NY

Zip Code

13214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 16100495-8F99-4125-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1415.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Barry Welch

Mailing Address 424 Yellowstone Avenue
Suite 110

City State Zip Code
Cody WY 82414-9318

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 7DGYCC371413

Amount of Each Receipt this Period

1365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Daniel Welch

Mailing Address 407 Avenue K Southeast

City State Zip Code
Winter Haven FL 33880-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: D5IMFO982235

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Joseph Wilhelm

Mailing Address 702 W Lake Lansing Road

City State Zip Code
East Lansing MI 48823-8526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: CS0MHO154726

Amount of Each Receipt this Period

620.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

2985.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Robert Wirthlin

Mailing Address 1709 S Upper Terrace Road

City

Spokane

State

WA

Zip Code

99203-3558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: D5IMFO836187

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Mark Wolken

Mailing Address 1655 E Greenville Street

City

Anderson

State

SC

Zip Code

29621-2062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 7DGYCC586446

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Robert Arthur Yohai

Mailing Address 864 Second Street

City

Santa Rosa

State

CA

Zip Code

95404-4610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 6ZO1SR558555

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Gerald Zaidman

Mailing Address Westchester Med Center
Macy Pavilion Room 1100

City State Zip Code
Valhalla NY 10595

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: CS0MHO495785

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

William Zeh

Mailing Address Suite 100
14540 Prairie Lakes Boulevard

City State Zip Code
Noblesville IN 46060-4370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 6ZO1UX584297

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

94948.74

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 89

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 101 S Marengo Avenue
3rd Floor

City State Zip Code
Pasadena CA 91101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6532.77

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: 3C5916B62878E135EF9

Amount of Each Receipt this Period

987.39

CD interest - Jul09

B.

Full Name (Last, First, Middle Initial)

Nancy Efferson-Bonachea

Mailing Address 37 Barrington Drive

City State Zip Code
Bedford NH 03110-5601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 01 / 2009

Transaction ID: D51MFO603423

Amount of Each Receipt this Period

500.00

Paid by corp ck, transfer
to PAC Admin Aug09

C.

Full Name (Last, First, Middle Initial)

Deirdre Flaye

Mailing Address Elm House Tower Hill
Much Hadham

City State Zip Code
Hertfordshire SG106-DL

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 01 / 2009

Transaction ID: 7DGYCC627736

Amount of Each Receipt this Period

485.00

AAO Dues received in PAC
in error, transferred Aug-
09

SUBTOTAL of Receipts This Page (optional)

1972.39

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 89

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Giovanni Giordano

Mailing Address Viaduct Monleone #2

City

Genoa

State

Zip Code

16146

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 7DGYCC984858

Amount of Each Receipt this Period

485.00

AAO Dues received in PAC
in error, transferred Aug-
09

B.

Full Name (Last, First, Middle Initial)

Robert Klimek

Mailing Address 741 Broad Street Extension

City

Waterford

State

CT

Zip Code

06385-1347

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: 6ZO1UX944561

Amount of Each Receipt this Period

1000.00

Paid by corp ck, transfer
to PAC Admin Aug09

C.

Full Name (Last, First, Middle Initial)

Vadrevu Raju

Mailing Address 3140 Collins Ferry Road

City

Morgantown

State

WV

Zip Code

26505-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: D5IMFO210255

Amount of Each Receipt this Period

365.00

Paid by corp ck, transfer
to PAC Admin Aug09

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

3822.39

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 72 / 89

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City
San Francisco

State
CA

Zip Code
94163

Purpose of Disbursement
Bank charges - 7/09

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: E5282118DD3603C3F68

Date of Disbursement

07 / 31 / 2009

Amount of Each Disbursement this Period

1137.36

B.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City
San Francisco

State
CA

Zip Code
94163

Purpose of Disbursement
AMEX discount - 7/09

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: E58E9D42BC7ED4C7A2E

Date of Disbursement

07 / 31 / 2009

Amount of Each Disbursement this Period

1089.67

SUBTOTAL of Disbursements This Page (optional)

2227.03

TOTAL This Period (last page this line number only)

2227.03

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 73 / 89

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Adler for Congress	Transaction ID: 88322-9885827898979 Date of Disbursement																				
Mailing Address 14 Knightswood Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	0	9
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0	7		1	5		2	0	0	9												
City Marlton State NJ Zip Code 08053	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name John H. Adler	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Anna Eshoo for Congress	Transaction ID: 88322-4206811785697 Date of Disbursement																				
Mailing Address 555 Capitol Mall, Suite 1425	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	5		2	0	0	9												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Anna G. Eshoo	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Betty Sutton for Congress	Transaction ID: 88322-1367914080619 Date of Disbursement																				
Mailing Address 1700 W. Market St. #155	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	5		2	0	0	9												
City Akron State OH Zip Code 44313	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Betty Sue Sutton	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Blumenauer for Congress	Transaction ID: 88322-4634363055229 Date of Disbursement																				
Mailing Address 830 NE Holladay, #105	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	0	9
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0	7		1	5		2	0	0	9												
City Portland State OR Zip Code 97232	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Earl Blumenauer	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 03																					
B. Full Name (Last, First, Middle Initial) Bob Etheridge for Congress Committee	Transaction ID: 44693-2323266863822 Date of Disbursement																				
Mailing Address Post Office Box 28001 PO Box 28001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	3		2	0	0	9
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0	7		2	3		2	0	0	9												
City Raleigh State NC Zip Code 27611	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Bob Etheridge	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
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Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 02																					
C. Full Name (Last, First, Middle Initial) Cantor for Congress	Transaction ID: 88322-3551446795463 Date of Disbursement																				
Mailing Address PO Box 17813	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	0	9
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0	7		1	5		2	0	0	9												
City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period																				
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2500.00																					
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Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 07																					

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Castor for Congress	Transaction ID: 88322-1022607684135 Date of Disbursement
Mailing Address 301 W. Platt Street #385	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 9</div> </div>
City Tampa State FL Zip Code 33606	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution	<div>1000.00</div>
Candidate Name Katherine Anne Castor	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Campaign	Transaction ID: 88322-7030908465385 Date of Disbursement
Mailing Address PO Box 12612	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 9</div> </div>
City San Antonio State TX Zip Code 78212	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution	<div>2500.00</div>
Candidate Name Charles A. Gonzalez	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Charles Boustany Jr Md for Congress, Inc	Transaction ID: 88322-5815698504447 Date of Disbursement
Mailing Address PO Box 80126	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 9</div> </div>
City Lafayette State LA Zip Code 70598	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution	<div>1000.00</div>
Candidate Name Charles W. Boustany, Jr.	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Citizens for Arlen Specter	Transaction ID: 88322-6529199481010 Date of Disbursement
Mailing Address 236 Massachusetts Avenue NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period <div>500.00</div>
Purpose of Disbursement 2010 General Contribution Candidate Name Arlen Specter	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Citizens for Arlen Specter	Transaction ID: 88322-1290704607963 Date of Disbursement
Mailing Address 236 Massachusetts Avenue NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period <div>500.00</div>
Purpose of Disbursement 2010 Primary Contribution Candidate Name Arlen Specter	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Coburn for Senate 2010	Transaction ID: 88322-6039087176322 Date of Disbursement
Mailing Address Post Office Box 977	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 9</div> </div>
City Muskogee State OK Zip Code 74402	Amount of Each Disbursement this Period <div>1000.00</div>
Purpose of Disbursement 2010 Primary Contribution Candidate Name Tom A. Coburn	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
SUBTOTAL of Disbursements This Page (optional)	<div>2000.00</div>
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Collins for Senator Mailing Address PO Box 1096	Transaction ID: 88322-6456109881401 Date of Disbursement <div> <div>07</div> <div>15</div> <div>2009</div> </div>
City Bangor State ME Zip Code 04402 Purpose of Disbursement Contribution 2010 Primary Candidate Name Susan M. Collins Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: ME District: <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1000.00</div>
B. Full Name (Last, First, Middle Initial) Connolly for Congress Mailing Address PO Box 563 City Merrifield State VA Zip Code 22116 Purpose of Disbursement 2010 Primary Contribution Candidate Name Gerald E. Connolly Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: VA District: 11 <input type="checkbox"/> Other (specify) ▼	Transaction ID: 88322-1038934588432 Date of Disbursement <div> <div>07</div> <div>15</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>2500.00</div>
C. Full Name (Last, First, Middle Initial) Dave Camp for Congress 2010 Mailing Address 5915 Eastman Avenue Suite 100 City Midland State MI Zip Code 48640 Purpose of Disbursement 2010 Primary Contribution Candidate Name Dave Camp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: MI District: 04 <input type="checkbox"/> Other (specify) ▼	Transaction ID: 88322-1168634295463 Date of Disbursement <div> <div>07</div> <div>15</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>1000.00</div>

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) David Scott for Congress	Transaction ID: 88322-5750848650932 Date of Disbursement
Mailing Address PO Box 960821	<div> <div>07</div> <div>15</div> <div>2009</div> </div>
City Riverdale State GA Zip Code 30296	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution	<div>1000.00</div>
Candidate Name David Albert Scott	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Devin Nunes Campaign Committee	Transaction ID: 88322-8838922381401 Date of Disbursement
Mailing Address PO Box 6545	<div> <div>07</div> <div>15</div> <div>2009</div> </div>
City Visalia State CA Zip Code 93290	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution	<div>1000.00</div>
Candidate Name Devin G. Nunes	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 21	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress	Transaction ID: 88322-1365320086479 Date of Disbursement
Mailing Address Post Office Box 9336	<div> <div>07</div> <div>15</div> <div>2009</div> </div>
City Fargo State ND Zip Code 58106	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution	<div>1000.00</div>
Candidate Name Earl Pomeroy	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

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TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Enzi for Us Senate Mailing Address PO Box 2775	Transaction ID: 88322-3605615496635 Date of Disbursement <div> <div>07</div> <div>15</div> <div>2009</div> </div>
City Cody State WY Zip Code 82414 Purpose of Disbursement 2010 Primary Contribution Candidate Name Michael B. Enzi Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WY District:	Amount of Each Disbursement this Period <div>2500.00</div> <div>011</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Fleming for Congress Mailing Address PO Box 1236 Box 281 City Minden State LA Zip Code 71058 Purpose of Disbursement 2010 Primary Contribution Candidate Name John Calvin Fleming, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 04	Transaction ID: 88322-0939142107963 Date of Disbursement <div> <div>07</div> <div>15</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Friends of Chris Dodd Mailing Address PO Box 270701 City West Hartford State CT Zip Code 06127 Purpose of Disbursement 2010 Primary Contribution Candidate Name Christopher J. Dodd Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District:	Transaction ID: 88322-9475213885307 Date of Disbursement <div> <div>07</div> <div>15</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/ Type
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TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign	Transaction ID: 88322-8570825457573 Date of Disbursement																				
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M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	5		2	0	0	9												
City Houston State TX Zip Code 77222	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Contribution Candidate Name Gene Green	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type																				
B. Full Name (Last, First, Middle Initial) Georgians for Isakson	Transaction ID: 88322-9079858660698 Date of Disbursement																				
Mailing Address Post Office Box 250116	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	5		2	0	0	9												
City Atlanta State GA Zip Code 30325	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Contribution Candidate Name Johnny Isakson	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type																				
C. Full Name (Last, First, Middle Initial) Gillibrand for Senate	Transaction ID: 69271-0927392840385 Date of Disbursement																				
Mailing Address 313 C Street NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	8		2	0	0	9												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Contribution Candidate Name Kirsten E. Gillibrand	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type																				

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Harry Mitchell for Congress	Transaction ID: 69271-3985711932182 Date of Disbursement																				
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M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	8		2	0	0	9												
City Tempe State AZ Zip Code 85285	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Harry E. Mitchell	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
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Category/ Type																					
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B. Full Name (Last, First, Middle Initial) Higgins for Congress	Transaction ID: 88322-7275049090385 Date of Disbursement																				
Mailing Address PO Box 28	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	5		2	0	0	9												
City Buffalo State NY Zip Code 14220	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Brian M. Higgins	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 27	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) John Sullivan for Congress Inc	Transaction ID: 88322-6660272479057 Date of Disbursement																				
Mailing Address Post Office Box 470840	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	5		2	0	0	9												
City Tulsa State OK Zip Code 74147	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution 2010 Primary	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name John Sullivan	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Kay Hagan for Us Senate Mailing Address PO Box 29103	Transaction ID: 88322-8543359637260 Date of Disbursement <div> <div>07</div> <div>15</div> <div>2009</div> </div>
City Greensboro State NC Zip Code 27429 Purpose of Disbursement 2010 Primary Contribution Candidate Name Kay R. Hagan Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Kay Hagan for Us Senate Mailing Address PO Box 29103 City Greensboro State NC Zip Code 27429 Purpose of Disbursement 2010 Primary Contribution Candidate Name Kay R. Hagan Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 74589-32847231626510 Date of Disbursement <div> <div>07</div> <div>24</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>-1000.00</div> <div>011</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Longleaf Pine Pac Mailing Address 703 Green Valley Road Suite 201 City Greensboro State NC Zip Code 27408 Purpose of Disbursement 2010 Primary Contribution Candidate Name Longleaf Pine Pac Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 44693-6292535662651 Date of Disbursement <div> <div>07</div> <div>23</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/ Type
SUBTOTAL of Disbursements This Page (optional)	<div>1000.00</div>
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Massa for Congress</p> <p>Mailing Address 60 East Market Street Suite 244</p> <p>City Corning State NY Zip Code 14830</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name Eric J. J. Massa</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 29</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 44693-4045221209526</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Matheson for Congress</p> <p>Mailing Address PO Box 521048 Suite A</p> <p>City Salt Lake City State UT Zip Code 84152</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name Jim Matheson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: UT District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 88322-5539819598197</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Matsui for Congress</p> <p>Mailing Address PO Box 1738</p> <p>City Sacramento State CA Zip Code 95812</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name Doris O. Matsui</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 88322-3406030535697</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.	Full Name (Last, First, Middle Initial) Michael Burgess for Congress			Transaction ID: 69271-2830469012260	
	Mailing Address PO Box 2334			Date of Disbursement 07 / 28 / 2009	
	City Denton	State TX	Zip Code 76202	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Contribution 2010 Primary			011 Category/ Type	
	Candidate Name Michael C. Burgess				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 26					
B.	Full Name (Last, First, Middle Initial) Pascrell for Congress			Transaction ID: 88322-6505700945854	
	Mailing Address PO Box 640			Date of Disbursement 07 / 15 / 2009	
	City Totowa	State NJ	Zip Code 07511	Amount of Each Disbursement this Period 2500.00	
	Purpose of Disbursement Contribution 2010 Primary			011 Category/ Type	
	Candidate Name William J. Pascrell, Jr.				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NJ District: 08					
C.	Full Name (Last, First, Middle Initial) Pascrell for Congress			Transaction ID: 74589-77048891782761	
	Mailing Address PO Box 640			Date of Disbursement 07 / 24 / 2009	
	City Totowa	State NJ	Zip Code 07511	Amount of Each Disbursement this Period -2500.00	
	Purpose of Disbursement Contribution 2010 Primary			011 Category/ Type	
	Candidate Name William J. Pascrell, Jr.				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NJ District: 08					

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) People for Patty Murray U S Senate Campaign	Transaction ID: 88322-0160943865776 Date of Disbursement																				
Mailing Address PO Box 3662	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	5		2	0	0	9												
City Seattle State WA Zip Code 98124	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
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Candidate Name Patty Murray	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
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Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) People for Patty Murray U S Senate Campaign	Transaction ID: 88322-5272485613822 Date of Disbursement																				
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M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	5		2	0	0	9												
City Seattle State WA Zip Code 98124	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
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Candidate Name Patty Murray	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
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C. Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee	Transaction ID: 88322-8112298846244 Date of Disbursement																				
Mailing Address PO Box 8331	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	5		2	0	0	9												
City Fremont State CA Zip Code 94537	Amount of Each Disbursement this Period																				
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Candidate Name Fortney H. Pete Stark	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
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TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Rangel for Congress</p> <p>Mailing Address PO Box 5577 Manhattanville Sta</p> <p>City New York State NY Zip Code 10027</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name Charles B. Rangel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 69271-4667322039604</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Searchlight Leadership Fund</p> <p>Mailing Address 607 14th Street, N.W. Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name Searchlight Leadership Fund</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Contribution</p>	<p>Transaction ID: 88322-2159387469291</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Stabenow for Us Senate</p> <p>Mailing Address PO Box 4945</p> <p>City East Lansing State MI Zip Code 48826</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Deborah Stabenow</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 12411-5800744891166</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 87 / 89

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Texans for Lamar Smith	Transaction ID: 88322-1152917742729 Date of Disbursement																				
Mailing Address PO Box 6155	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	5		2	0	0	9												
City San Antonio State TX Zip Code 78209	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Lamar Smith	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 21	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Van Hollen for Congress	Transaction ID: 12411-9255792498588 Date of Disbursement																				
Mailing Address 10537 St. Paul Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	7		2	0	0	9												
City Kensington State MD Zip Code 20895	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Chris Van Hollen	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Walden for Congress	Transaction ID: 88322-7273218035698 Date of Disbursement																				
Mailing Address PO Box 1091	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	5		2	0	0	9												
City Hood River State OR Zip Code 97031	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Greg P. Walden	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Wasserman-Schultz for Congress

Mailing Address 1071 Twin Branch Ln

City
Weston

State
FL

Zip Code
33326

Purpose of Disbursement
2010 Primary Contribution

Candidate Name
Debbie Wasserman Schultz

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 20

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 69271-0336419939994

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

68500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 89 / 89

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Gerard Henderik Van Rens

Mailing Address 1801 Nh Medical Park Drive

City
Wilmington

State
NC

Zip Code
28403-5351

Purpose of Disbursement
Refund of contribution received.

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: AE460CA14009340261D

Date of Disbursement

07 / 28 / 2009

Amount of Each Disbursement this Period

365.00

SUBTOTAL of Disbursements This Page (optional)

365.00

TOTAL This Period (last page this line number only)

365.00